Best Available Copy

_			Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	c)R	OTHER	
TOTAL CLAIMS			3					RATE	FEE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 370.	00 J	OR E	ASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			号 minus 20=		. 0			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		0			X42=		٦,	OR	X84=	
	TIPLE DEPEND		RESENT					+140=		\neg	OR	+280=	
* If the difference in column: 1 is less than zero, enter "0" in column 2								TOTAL		7	OR	TOTAL	7 (Co
CLAIMS AMENDED - PART II)	SMAL	L ENTIT	~ (OR	OTHER SMALL E	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
OME	Total	6	Minus	** (20	€	ו	X\$ 9=			OR	X\$18=	
VEN	Independent	. 4	Minus	***	3	=	1	X42=			OR	XEATO	88
Ą	FIRST PRESEN	VTATION OF M	IULTIPLE DEP	ENDEN	IT CLAIM			+140			OR	+280=	
								101		_	22	TOTAL	
								ADDIT. F	EE L		On	ADDIT, FEE	0
_	A. 123.506	(Column 1)		_	umn 2) SHEST	(Column 3	4	_	AD	DI-			ADDI-
NT B		REMAINING AFTER AMENDMENT		PRE	MBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	1	NAL		RATE	TIONAL FEE
MA	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
MENDMENT	Independent	•	Minus	***		=	1	X42=			OR	X84=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDEN				NT CLAIM		٢	+140			OR	+280=	
								TO	AL		OR	TOTAL	-
						5		ADDIT. F	EE L		10.1	ADDIT. FEE	: L
		(Column 1)			lumn 2) GHEST	(Column :	3)		145	<u> </u>	i		ADDI-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		NI PRE	JMBER VIOUSLY JD FOR	PRESENT EXTRA		RAT		NAL EE		RATE	TIONAL FEE
N N	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=	,
	Independent	*	Minus	***		=-		X42	_		OR	X84=	
12		NTATION O	TIPLE DE	PENDE	NT CLAI	v 🗆				<u> </u>	1		1
3 units 10° in column 3								+140			OR	TOTA	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previ - Said For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previ - Said For" IN THIS SPACE is less than 3, enter "3."											OR	ADDIT. FE	Ē
1	"If the "Highest No The "Highest Nur	umber Prev. 😘 mber Previo: 😭	aid For (Total	or Indep	endent) is t	he highest nu	mber	found in th	e appropr	iate bo	x in c	column 1.	

FORM PTO-875 (Rev. 8/01)

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